

## MAIL SERVICE ORDER FORM



		Mail-o	der form to:	
		CVS C	ıllılllllll.llll	ulluull
	•	PALATI	NE, IL 60094-4467	
Enter ID# if n	ot shown or different from	n above		
•	lan Sponsor or Company			
<b>DIRECTIONS:</b> both sides of		nk, using CAPITAL letters	. Fill in ovals completely (	). Complete
		r prescription(s) with this	form. # of new prescrip	tions:
			below. # of refill prescrip	
	and the second s	•	call toll-free 1-800-776-13	
	DDRESS IF NOT SHOWN			
Last Name	2 -2	First Name		ffix (JR, SR)
Last Name				1
Street Address	is	. A	pt./Suite# Use this ad	drocc
			for this ord	
City		<u>S</u>	tate ZIP Code	
Daytime Phor	ne #:[	Evening Ph	one #:[	
DEELL INFO	PMATION-			
REFILL INFO To order ma		vour prescription nun	nber(s)-here:	
1)	2)	3)	4)	
· /	—/ <u></u>			
5)	6)	7)	8)	·
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method to be automatically charged for future orders.

MOF-1208